



Early Intervention Program
Program Notification Form (Placement)

Date: __/__/__

Parent Name: _____

Student Name: _____

Classroom Teacher: _____

Grade: _____

Dear Parent:

The Richmond County School System believes that educators should have high expectations for all children. It is our responsibility to help students achieve the academic goals of performing at or above grade level in all subject areas. Children come to school at different stages of development and do not all learn at the same rate or with the same methods of teaching. Because of their differences, most children learn best when they are in small groups and have access to materials and activities which are adjusted to their pace and style of learning.

Your child has been selected to receive additional assistance in reading and/or math through the Early Intervention Program (EIP). In this program a certified teacher works in collaboration with the regular classroom teacher to provide supplementary instruction based on the needs of each student. An information meeting to discuss this opportunity for additional instruction has been scheduled for all parents of EIP students on _____.

If you have any questions, please contact: _____ at:

Phone: _____ Extension: _____.

Please sign and return this for our records:

Parent/Guardian Signature

Date